

In re)	Case No. 13-50914 CN
)	
Carlos Serrano Dominguez)	Chapter No. 13
)	
)	
)	
Debtor(s))	Application for Unclaimed Dividends and Certificate of Service
)	

Name Carlos Serrano Dominguez
Address 375 Blueridge Ct
Soledad CA 93960
Last four digits of SS# or Tax ID# 4464

____ I am a successor in interest, or its legal representative (legal representatives must attach a power of attorney as described above) and I have attached documentation which establishes my right to make this claim. Please provide a brief history of the creditor named above and attach documents that clearly establish that the unclaimed funds are included in any sale, merger, transfer or acquisition.

____ I am the heir/legal representative of the creditor who is deceased. I have attached a certified copy of the death certificate and other appropriate documents that support my right to act on behalf of the decedent's estate.

____ None of the above apply. I have attached documents that show that I am entitled to the unclaimed funds because:

I have no knowledge that any other party may be entitled to these funds and I am not aware of any dispute regarding these funds.

On _____, I mailed a copy of this application to the U.S. Attorney for the Northern District of California, 450 Golden Gate Avenue, P.O. Box 36055, San Francisco, CA 94102.

I understand that pursuant to 18 U.S.C. section 152, I will be fined not more than \$5,000.00, or imprisoned not more than five years, or both if I knowingly and fraudulently made any false statements in this document.

I certify, under the penalty of perjury, under the laws of the United States of America, that the foregoing is true and correct.


Signature of Creditor/Claimant

375 Blueridge Ct
Soledad CA 93960

Address of Creditor/Claimant

Carlos Serrano Dominguez

Typed or Printed Name

(831) 678-1896

Telephone Number of Creditor/Claimant

9/24/14

Date

Carlos.Dominguez@cdcr.ca.gov

E-mail Address of Creditor/Claimant

NOTARY *see attached.*

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California

County of Monterey

Subscribed and sworn to (or affirmed) before me

on this 24th day of September 2014
Date Month Year

by Carlos Serrano
Name of Signer

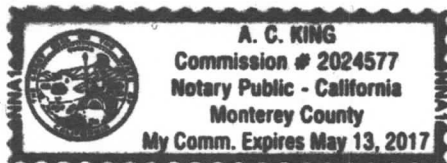
proved to me on the basis of satisfactory evidence
 to be the person who appeared before me (.) (.)

(and

(2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.)

Signature A. C. King
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

*Though the information below is not required by law, it may prove valuable
 to persons relying on the document and could prevent fraudulent removal
 and reattachment of this form to another document.*

Further Description of Any Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT
 OF SIGNER #1

Top of thumb here

RIGHT THUMBPRINT
 OF SIGNER #2

Top of thumb here